Southern Kings Health

"A Volunteer's Time Makes the Difference"

7th Annual Report 2000-2001

Strengthening Families, Individuals and Communities

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Southern Kings Health Regional Overview

Our Structure

A volunteer community board governs the Southern Kings Health Authority. This Southern Kings Regional Board includes a combination of elected and appointed members, accountable to the Minister of Health and Social Services, as defined by the *Health and Community Services Act*. The board is responsible for setting and monitoring the polices that guide the organization. It must ensure all services delivered are accessible and adequate by having these services delivered at the local level. It must seek to match the services to needs of local residents in the region and it must seek advice and opinions of residents on their needs and the effectiveness of services and programs.

Mission

The mission of Southern Kings Health is to:

> "Support our Island community's efforts to promote, protect and enhance the physical, social, emotional, intellectual and spiritual well-being of our population, within the resources available in the community with focussed attention to the health needs of the people of Southern Kings."

Core Health Services of the Southern Kings Health Region

Core health services managed by the Southern Kings Health Regional Board include:

I. Kings County Memorial Hospital;
II. Riverview Manor;
III. Seniors and Family Housing;
IV. Home Care and Support;
V. Child and Family Services, which includes financial assistance, employment enhancement/job creation and child protection services; and
VI. Community Health Centre, which includes public health nursing, mental health, occupational therapy, physiotherapy, pharmacy, addictions, speech pathology and social work.

Chairman's Report

Your board is responsible for seeking community input on the health needs of local residents, and establishing long-term strategic directions for the Southern Kings Health Region.

Over the past year the Province of Prince Edward Island involved the public, staff, MLAs and physicians in discussions on a three to five year plan for the health system. Your board sponsored the first in a series of province-wide consultations. The feedback received from the community will be incorporated into a health system strategic plan which will be shared throughout the province.

We will use the health system plan as a foundational document in our own planning to ensure the health system of Southern Kings is truly reflective of the needs of residents of this community.

The Southern Kings Health Region is currently guided by five broad goals. They are to:

1. Contribute to a healthy community;
2. Increase healthy outcomes for children and youth;
3. Increase our organization's ability to respond to an aging population;
4. Provide support for staff; and
5. Improve integration and coordination along the continuum of service.

Although each one of us is responsible for our own health and the health of our family, it is important that we have reliable information and adequate support for making the decisions that will impact on our health. Southern Kings Health and its community partners, believe they have a strong role in **contributing to a healthy community.**

Over the past year, Southern Kings Health, in partnership with Eastern Kings Health, has been working to secure funding for a project called Employment Pathways. This project will provide individuals who face personal difficulties with the support and information they need to make a smooth transition to employment.

The region will also be working with community groups to establish a day program for clients living with mental health issues. The mental health day program will provide social and recreational opportunities, counselling, group support and employment support.

In ensuring **healthy outcomes for children and youth,** the Southern Kings Health Region and its community partners must support all children.

Recently the Province passed new legislation for child protection services. The new act will clearly define "children in need of protection" and the role of regional staff in providing child protection services. Southern Kings Health, in partnership with foster parents and community organizations, will be working to prepare for the proclamation of the new *Child Protection Act*.

The Province is establishing a children's mental health program for Prince Edward Island. A children's mental health clinician will be hired in the region. This individual will work with all existing children's resources and in consultation with the provincial Children's Mental Health Coordinator.

Southern Kings Health Region has the highest percentage of seniors, 13.9 per cent within the total population. In the province as a whole the rate is 12.9 per cent. This statistic alone has implications for many services provided by the region and therefore we must **increase our organization's ability to respond to our aging population.**

In June of 2000, Executive Council temporarily lifted the moratorium on long-term care beds in the province and approved funding and licensing for ten additional long-term care beds for the region. These additional long-term care beds exist at the Dr. John Gillis Memorial Lodge.

We are also very fortunate to have recruited Dr. Andrew MacLeod to the area. He is one of seven full-time physicians practising in the region. He currently serves as the Medical Director of the region and reports directly to the board each month. The Southern Kings Health Region employs him as a salaried physician. He has admitting privileges and participates in the on-call outpatient schedule at Kings County Memorial Hospital.

Our greatest strength is our staff. The region needs to **provide support for staff** in their education and training, in the recruitment of staff to vacant positions, and in the support of staff in achieving personal wellness.

The region adopted the Health Canada model for workplace wellness. Staff completed a confidential survey concerning their own health concerns. The Wellness Committee and management will use results of the survey to develop policies and programs that will support staff to improve their own health.

Community partnerships, supportive volunteers and good cooperation within programs and services will ensure we meet the needs of our clients. The formal health system is not in a position "to be all things to all people." Therefore, we need to reach out to the community for support.

The health promotion committee approached the community for support to achieve progress on goal number five of our regional strategic plan, **integration and coordination along the continuum of service**. The community responded by partnering with staff of the Community Health Centre to promote, through the regional "Healthy Times" newsletter, and offer many excellent workshops. Together they hosted workshops throughout the year on stress reduction, parenting and nutrition, as well as self help workshops for those who suffer from chronic illness.

Our theme for this report is **"A Volunteer's Time Makes the Difference."** In Southern Kings we are very fortunate that many residents volunteer their time and energy to support the health and well being of the people who live in this area. We therefore wish to dedicate this year's annual report to each of you, but especially to the late Bea Mair of Georgetown. Prior to her death, our board chose to honour her for the endless hours that she has devoted to improving the lives of others. We have included her story in this, our seventh annual report, as a tribute to her. We wish to formally recognize her as a great Islander and a great person. We offer our sincere condolences to her family and friends. She will be missed.

I would like to thank the people of Southern Kings who share with us their insights and help the board shape our local health system. I would also like to thank all staff, physicians and community partners of the region for their dedication, flexibility and innovative ideas in moving us forward. Finally, I would like to thank my fellow board members for their support and dedication to the Southern Kings Health Region.

Respectfully submitted,

Michael Gallant
Board Chairman

Chief Executive Officer's Report

During 1999/2000 the Southern Kings Health Region drafted a strategic plan for 2000-2005 which included goals and objectives that define our direction for the coming years.

Goal one is "**to contribute to a healthy community.**" The information age is certainly upon us. The public is better educated and has higher expectations of their health care system. Our challenge as a region is to meet the needs of clients who require the latest health information. Especially for those suffering from chronic conditions such as asthma or diabetes. Empowering people with the right skills and knowledge will allow people to manage their own health issues.

The Dr. Patrick Gill Asthma Education Center, of Queens Region, accepts referrals from local physicians for adults and children suffering from asthma. Services provided by the centre include assessments, client education, and an introduction to self-management that focuses on medication compliance. A recent evaluation indicated that these clients "show a marked decline in hospital utilization, and there is evidence of significant improvement in the quality of life for these individuals."[1]

Diabetes is a serious and costly health problem that is on the rise in Prince Edward Island. Therefore, the Provincial Diabetes Education Centre has enhanced its present system of education and supports. Each region has dedicated a staff person to act as regional diabetes coordinator. The role of the coordinator is to work in consultation with the Provincial Diabetes Centre and a regional multi-disciplinary committee to coordinate diabetes care and education locally. This work is intended to prevent or delay the onset of diabetes in residents of this region. Implementation of the regional diabetes plan is moving forward and the number of referrals to the program continues to increase.

Goal two is "**to increase healthy outcomes for children and youth**." Nationally and provincially the focus has been placed on the importance of early intervention and support for children and their families. The Early Childhood Development Association in partnership with Southern and Eastern Kings Health Regions have secured funding from the Rural and Remote Health Initiatives Fund for an eighteen-month project called "Little Expressions Mean A Lot." This project is designed to raise awareness about the importance of speech and language for young children and also to increase the community capacity to support young children who are identified as having speech delays.

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[1]. Summary of Findings at the Dr. Patrick A. Gill Asthma Education Centre, Queen Elizabeth Hospital, Nov.1997 - Jan. 2000

Over the past year, the region has increased the number of staff positions designed to support children and their families. Speech pathology has been increased by a 50 per cent position, and a full-time children's mental health clinician is expected to be hired in the upcoming fiscal year. The Financial Assistance Team has increased to include a parent support worker. The role of this position is to work with families on parenting issues, budgeting and connections to other resources in the community.

Goal three is **"to increase our organization's ability to respond to an aging population."** It has been well documented that seniors wish to remain independent in their own homes as long as possible. The Home Care and Support Program of the region continues to expand to support residents in their own homes and provides additional support through a day program at Riverview Manor.

The region also continues to improve palliative care services provided in the region. Fifteen front-line staff from Homecare and Riverview Manor participated in a training program offered through Island Hospice. The Southern Kings Hospice Association was actively involved in organizing the workshops and in leading some of the sessions.

Goal four is **"to provide support for staff."** All health care organizations across the county are facing complex recruitment issues especially with nurses, physicians and social workers. In order to meet the needs of clients of the region we must ensure that we retain our qualified staff. We also want to ensure that we are an "employer of choice" for trained professionals who are beginning their career in the health care field.

Southern Kings Health has provided summer employment for thirty-four students through Health Care Futures, Summer Youth Employment Initiatives and student clinical placements. Students are employed in each of our health facilities and are introduced to a variety of health care experiences.

Recently the region installed twenty-seven new computers and a new abstracting application in medical records. The region's local Kings County Memorial Hospital Foundation and its hospital auxiliary have also been instrumental in supporting staff of the hospital by acquiring up-to-date equipment and providing funding for staff to attend training opportunities. Up-to-date computers, software, new hospital equipment and training opportunities provide staff with the tools they need to support their work.

The region recently completed a regional orientation package for all new staff employed in the region. We also developed a new policy for performance development and provided training in its use for both supervisors and staff.

Goal five is "**to improve integration and coordination along the continuum of service.**" Every three years the region must prepare for our regional accreditation. Accreditation is one way that health organizations like the Southern Kings Health Region use to assess their performance according to national standards. This process gives us the opportunity to carry out our own self assessment, followed by an on-site evaluation from external surveyors. It ultimately provides a measurement to show that the organization has met standards of practice. Throughout much of this last year, eight regional teams spent time completing the self- assessment and preparing for the on-site visit. We are very grateful to the staff for their commitment to the process. We are also indebted to the volunteers, who were representing our community partners, for their involvement. The time commitment and honest feedback that all team participants provided help us to be very well prepared for the visit of the external surveyors in June, 2001.

I wish to close by thanking all members of the Southern Kings Health Board, staff of the region, physicians and volunteers for their consistent dedication, support and hard work throughout the year.

Respectfully submitted,

Betty Fraser
Chief Executive Officer

Medical Director's Report

It has been my pleasure to serve as medical director of the Southern Kings Health Region for the term 2000-2001. It was a busy year with many issues that had to be addressed. The regional board, CEO and medical staff worked well together and made the work seem easy.

During the year we welcomed Dr. Andrew MacLeod, first as a locum and later as a full-member of the medical staff. Dr. MacLeod brings our complement of physicians up to seven. This means that we have a full complement of physicians according to the Physician Resource Planning Committee.

We spent many hours preparing for accreditation. Committees were struck and there was great enthusiasm for the process. The contributions made by lay persons from the community in this process must be noticed and appreciated.

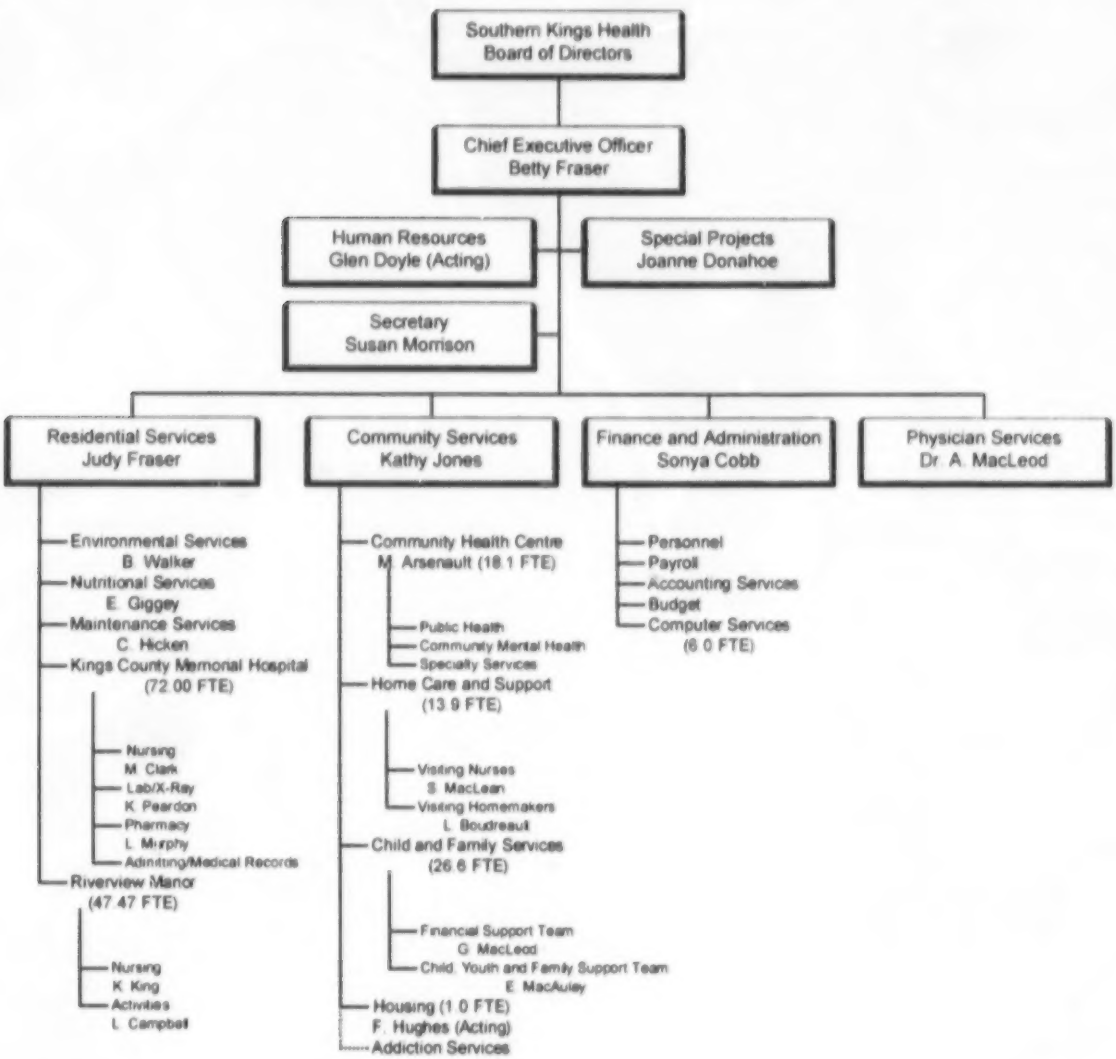
The medical staff worked hard over the past year. Monthly staff meetings were held as well as many standing committees. These meetings are important to the smooth running of our health system.

I would like to thank the board for their support during the last years. It has been fun and a learning experience.

Yours truly,

J. David Hambly M.D.

Organizational Chart



FTE = Full-time Equivalent

Physician Services	1.00 FTE
Residential Services	120.47 FTE
Community Services	60.60 FTE
Finance & Administration	6.00 FTE
CEO & Support Staff	3.80 FTE
Total	**191.87 FTE**

Long-term Service Awards

30+ Years of Service

Buchanan, Beverly	Nursing–Riverview Manor

25+ Years of Service

MacLean, Sandra E.	Nursing–Home Care
Elsinga, Dimphy	Speech Language–Community Health Centre

20+ Years of Service

Taylor, Elizabeth	Nursing–Riverview Manor
MacLennan, Elaine	Nursing–Kings County Memorial Hospital
Vuozzo, Anita	Dietary–Kings County Memorial Hospital

Connection to Caring

The Southern Kings Health Board of Directors wishes to extend our deepest sympathies to the family of Ms. Bea Mair. Your grief is shared by many. At the same time we wish to honour her for her outstanding contribution to the people of Prince Edward Island. The following reflects an interview with Bea shortly before her death.

"Volunteering is just the right thing to do." Bea Mair

She's won some and she's lost some but Bea Mair has never let setback, nor success, get in the way of volunteering.

"I grew up in a family where being active was just part of life, so I can't imagine not being a volunteer," says the Georgetown native from the kitchen table of her century old home. "It's not like I think I'm dong anyone a favour... you just help out."

Being active from a young age, Bea soon graduated in nursing from McGill University in Montreal and found herself away from home for the next 25 years. She ran a public health unit in western Canada and enjoyed her time on a Cree reserve. She often accepted assignments which took her to many of the largest cities of the world.

But her most special assignment came when she returned to Prince Edward Island and took a position with Holland College's now defunct P.E.I. Leadership Institute. For 15 years she travelled throughout the Maritimes teaching people how to volunteer and work collectively on community challenges. Only three years ago, did she finally retire, but only unofficially.

It's a hot summer and with the oppressive heat taking its toll, Bea admits she's had to cutback on some of her volunteer time due to health complications and now concentrates on volunteer missions in her home town. But her dossier over the past two decades reads like a lifetime achievement award.

Over the past few decades, she has spent countless hours teaching children and adults towards higher learning, working with the disabled, as well as the sick and infirm. She was a board member of the former Charlottetown Youth Services which battled against drug disease and helped to establish the first youth club in the capital city.

Then there are her more high profile accomplishments!

Saving heritage buildings in her hometown when bulldozing was the preferred method of dealing with heritage, and spearheading the Kings Playhouse rebuilding campaign after the original Victorian style theatre house was razed by fire in 1983. All these accomplishments were conducted on her free time after working an entire week.

"Bea has a passion and zeal for whatever she takes on," says an anonymous admirer. "She takes on things with commitment and she's a worker second to none."

When Islanders and Canadians from across the country helped to raise over $100,000 for the Playhouse rebuilding fund back in the mid-1980s and re-construction was underway, Bea soon found a way to bridge the gap. She joined the "Friends of the Island Campaign" and relentlessly worked to oppose the construction of the fixed link. She didn't win that one, but her devotion to the campaign never wavered.

By the time the Confederation Bridge was under construction, Bea was looking for another gauntlet to pick up and joined the Sir Andrew MacPhail Foundation. The group lobbied to save the historic home in Orwell that was on the verge of collapse and were successful in convincing government to conduct a complete restoration of the famous Islander's home. It's now a bustling restaurant and convention retreat and home to the MacPhail Woods eco-demonstration project.

"I have a lot of interests in Georgetown and this entire province," Bea insists.

"Anyway, once I make my mind to join or do something, I get going."

Ask her about her volunteer contributions over the years and Mair is quick to deflect any acknowledgement and peels off the names of others who she contends have done just as much, if not more.

"In the case of the Kings Playhouse, Charlie Martell (the former Mayor) was a major volunteer. I can still remember when it burned down and he sat right in that chair and told me, while I was crying, that we'll rebuild."

Nowadays, she focuses her greatest attention on the beautification of her community. Working to replace the dying Dutch Elm trees on the main street, sorting donated clothes at the local thrift shop, and helping to raise money for the A.A. MacDonald Memorial Public Gardens.

"My interest today is getting more pride in our town," she says. "And working for a better environment for all of us. The environment is not someone else's problem."

And the warm caring environment of her home town is what Mair says nurtured and developed her own sense of volunteer responsibility. "I realized long ago how lucky I was to be born and live Georgetown." she says. "As a child, I could go to any house in the community and know that I would be safe and they would help me."

Bea Mair calls volunteering the "connection to caring." An activity that keeps the human spirit alive. "It's unconditional joy," she smiles. "It's just the right thing to do."

Residential Services

Kings County Memorial Hospital

Role: Kings County Memorial Hospital (KCMH) is a 30-bed acute care hospital. The hospital is responsible for providing primary health care to the residents of Southern Kings Health Region, other residents of PEI and visitors to the area.

The following services are available through the KCMH:
General medicine, pediatrics, 24-hour emergency services, radiology and laboratory, nutrition counselling, physiotherapy and pharmacy. Visiting medical specialists provide services on an inpatient and outpatient basis. Specialists include a pediatrician, plastic surgeon, general surgeon, orthopaedic surgeon and an internal medicine/cardiologist. As well, the hospital has access to services of the Community Health Centre.

Kings County Memorial Hospital Highlights

We **contribute to a healthy community** by ensuring accessibility to acute care beds for residents of the area. As a result of the efforts of our Utilization/Mental Health Nurse, length of stay and frequency of admissions for mental health patients have decreased over the past year. By working with the community mental health team, she has helped provide a responsive service for clients with mental health issues and, at times, has been able to shorten hospital admission by providing alternate options.

The Province of Prince Edward Island now has clear guidelines regarding how people may provide consent or refuse health care treatment. The *Consent to Treatment and Health Care Directives Act* - was proclaimed on July 1, 2000. The region held staff information sessions in June of 2000. We also updated regional polices to reflect the new legislation.

The legislation outlines the rights of an individual to receive information about a proposed treatment or procedure. Under the new legislation an individual also has the right to choose or refuse treatment and to write a health care directive. A health care directive allows an individual to indicate their wishes with regard to their health care, should they become incapable of making treatment decisions in the future. Staff of the region are available to answer questions regarding the new legislation and sample health care directive forms are available upon request.

To **improve integration and coordination along the continuum of service** we have established the Regional Infection Control Committee. This committee is made up of representatives from KCMH, Riverview Manor, Home Care, Public Health as well as one local physician. The committee consults with the PEI Chief Health Officer, and/or the Infection Control Resource Practitioner and the Microbiologist from Queen Elizabeth Hospital on complex concerns or issues. The committee's role is to ensure that infection control protocols are in place and practised in the region. Members of the committee are a valuable resource to all staff.

Providing support for staff is always a priority in our organization. This involves supporting the creation of new positions to meet the needs of patients. It also means recruiting staff into these positions. We have created four (3.6 full-time equivalent) additional staff positions in the emergency and inpatient areas in order to respond to the needs of clients, physicians and staff.

The hospital has also adopted Patient Focussed Charting, a new charting system for inpatients. We anticipate that this system will decrease charting time while improving the flow of information among nursing staff, physicians and consultants.

The hospital has purchased many new pieces of equipment with funding from the Kings County Memorial Hospital Foundation and the Kings County Memorial Hospital Auxiliary.

Equipment purchases have included a cardiac monitor, a defibrillator and pacer for emergency; I.V. pumps and poles, air compressors, patient lift for inpatient area; ECG machine, blood gas analyser, cardiac triage meter and coagulation analyser for the lab/x-ray; tray carriers and freezer shelving for dietary; floor scrubber for housekeeping and other smaller pieces of equipment.

We also installed air conditioning in the emergency and lab/x-ray areas. This has increased personal comfort for patients, staff and physicians.

In the past year the foundation has supported Kings County Memorial Hospital staff by covering expenses necessary to attend training and education opportunities.

Replacements costs, workshop registrations and other expenses for the year were approximately $12,000.00.

The Kings County Memorial Hospital Foundation provides our local hospital with efficient equipment and sponsors training opportunities for our staff.

This additional funding ensures that the staff of the hospital can deliver a service to the community of which we can be proud.

Kings County Memorial Hospital Statistics

Fiscal Year	**1997/98**	**1998/99**	**1999/00**	**2000/01**
Number of beds	30	30	30	30
Admissions	1154	1246	1110	1166
Patient days	10973	9432	10265	10552
% Occupancy	100.3	83.7	95.6	96.8
Average length of stay (days)	9.5	7.6	9.2	9.1
Emergency room visits	13692	14334	14736	15369

Riverview Manor

Role: Riverview Manor is a 50-bed long-term nursing care facility that provides care to residents who require high levels of nursing to meet their needs. Residents of the region, who require the service, can also access a respite care bed at the Riverview Manor.

Riverview Manor uses a multi-disciplinary team approach in providing care for residents. The multi-disciplinary team consists of nursing, dietary, housekeeping, activities, physiotherapy and administration services. Manor staff also access additional services when they are required. These services include dental services, occupational therapy, optical services, audiology, podiatry, radiology, rehabilitation, laboratory services and ambulance services.

As much as possible, staff of the Riverview Manor involve the resident and their family in care planning and it is the responsibility of the professional care team to ensure this happens.

Riverview Manor Highlights

Riverview Manor does its part in **improving integration and coordination along the continuum of service.** For several years, a day program has been part of everyday life at the manor. This program is coordinated by Home Care and Support staff and is operated at Riverview Manor. Clients who attend the day program use the century tub for bathing, the family room for entertainment in conjunction with manor residents and the dining room for meals. This occurs at least three days a week and sometimes more. The program benefits both community participants and manor residents, as friendships are formed and relationships established.

Riverview Manor **contributes to a healthy community** by providing meals daily through the Meals on Wheels Program. Each weekday, dietary staff of the manor prepare 10-15 noon meals for community members. These meals are delivered by Meals on Wheels Program volunteers.

Respite services are also offered by the manor. There is one respite bed available to provide short-term nursing care that affords family caregivers an opportunity for brief rejuvenation periods. This service supports the demanding task of providing care for loved ones.

Our organization is continually striving to **meet the needs of an aging population**. There are increasing numbers of persons with dementia and this is a challenge we must meet. The Safety Unit at Riverview Manor provides a safe and secure area for residents with dementia or confusion. Staff work hard to provide the stimulation that these residents require to keep them as motivated as possible, while meeting their needs in a meaningful way. Staff and volunteers alike find this to be a rewarding experience and enjoy the one-on-one contact with the residents.

Providing support to staff is an essential element of any organization. At Riverview Manor, we recognized increased demands being placed on staff and responded by increasing staff positions in nursing, environmental services and physiotherapy. Preventative maintenance has also been addressed. The total increase in staffing levels is five (2.8 full-time equivalents) positions.

Training has been provided to staff in palliative care and safe manual handling. Safe manual handling is essentially a review of lifting and supporting techniques which provide staff with knowledge of safe and appropriate ways to perform their day-to-day work.

New equipment supports staff and residents. Some examples of equipment purchases made in the past year include: a large washer, a resident call-bell system, geriatric chairs, wheelchairs, aerosol machines, commodes, transfer belts and slides, a microwave oven, a propane stove, and bedside curtains. A $10,000.00 donation from KCMH Auxiliary assisted in the purchase of some of these items.

Community Services

Role: The Community Services Division of Southern Kings Health consists of Home Care and Support, Housing, the Community Health Centre, Child and Family Services and Addiction Services. Our mission is to "provide integrated community-based health and social services to residents of Southern Kings. We will foster community health with the goals of building independence and quality of life."

During the past year, Community Services staff completed an operational plan to build on the Southern Kings Health Strategic Plan. The work of this plan is reflected in the reports of each work site. Several common objectives have been identified across programs which will guide our work during the upcoming year.

Objectives include:

- striking a committee to explore day programs for adult mental health clients
- increasing health promotion
- exploring the need to move services out into the community
- assessing and collaborative planning for a continuum of services for children and youth
- evaluating our Preschool Assessment Team
- increasing the utilization of data from Looking after Children Assessments (tools which assess outcomes for children in foster care)
- formal planning for seniors' services
- contributing to clear policy development regarding staff safety
- planning for staff training associated with the regional plan
- increasing case management across programs

Community Health Centre

Role: The Community Health Centre (CHC) is comprised of a team of health professionals supported by trained volunteers working together to provide improved services for the residents of the Southern Kings Health Region.

Staff at the Community Health Centre provide a broad range of services that emphasize prevention, promotion and treatment. These services include the following: public health, mental health, speech language pathology, nutrition and dietician services, occupational therapy, physiotherapy, youth addictions and the services of a preschool support coordinator. Volunteer organizations that are part of the Community Health Centre include: Association for Community Living, Canadian Cancer Society, Home Equipment Loans Program, Laubach Literacy Council, and the Southern Kings Hospice Association.

Community Health Centre Highlights

The work of the Community Health Centre has been tied directly to the region's strategic plan as part of the Community Services operational plan. We have contributed to a healthy community by "increasing knowledge, skills and attitude of community members to maintain healthy lifestyles." This year, in conjunction with and supported by the region, we have enhanced the regional newsletter to have an increased focus on health promotion and education. The "Healthy Times" newsletter is distributed twice a year to 5400 households in Southern Kings. One resident commented that the newsletter was a "Very professional publication, (and offered) a wealth of knowledge about programs and activities in the Region."

A number of education sessions were offered, and will continue to be offered, on topics related to active living, stress management, nutrition and other health topics by Community Health Centre staff and other groups/organizations.

Over the past year Community Mental Health has spent time working to improve people's ability to manage chronic conditions by offering the first "Change Ways Program." This program is a structured short-term group treatment program for depression and anxiety.

The Community Health Centre has received funding from the Department of Health and Social Services to work on diabetes prevention. This has allowed us to reassign two key staff on a part-time basis, to work with families in which one parent has type II diabetes. The purpose of this program is to support the family in making healthy lifestyle choices to try prevent or delay the onset of diabetes in their children.

Addiction Services began the Outpatient Detoxification Program seven days a week from 8 am to 4 pm each day at the Douses Road location in September of 2000. Inpatient detoxification services are provided through the Provincial addiction facility in Mount Herbert. Addictions Services also offered a smoking cessation program for 79 registered clients from January to March of 2000.

The Community Health Centre works to increase healthy outcomes for our children and youth in many different ways. The Children's Resource Network was formed with representatives from the community for the purpose of networking, sharing information on the range of programs, services and activities that exist and working together to support the needs of children from prenatal to eight and their families.

Public Health offered programs which included the chicken pox vaccine for all school-age children. This vaccine has been added to the regular immunization schedule. Public Health was also involved in delivering a smoking cessation program in the high school, as well as other smoking cessation educational materials/programs. These provide information to parents on the impact of second-hand smoke through the Child Health Program.

Nutrition Services are involved in initiatives such as Maggie's Magic Cupboard, infant feeding workshops with parents and breakfast/snack programs in the schools.

Since 1997 we have seen a shift in the occupational therapist caseload from adult (46 per cent) to children (54 per cent). This year we have had a 50 per cent position added to the Speech Language Program. This allowed the increasing caseload to be managed.

Staff from Community Mental Health have worked on a provincial basis with the Children's Mental Health Coalition whose purpose it is to enhance and coordinate mental health services for children.

The Preschool Assessment Team was established in February of 1999. The team is comprised of a speech-language pathologist, occupational therapist, psychologist, preschool support coordinator and an administrative support person. The team is responsible for providing a comprehensive assessment and intervention plan as well as coordinate referrals to other services for children referred to the team. Children who have an identified syndrome or condition such as Down Syndrome or premature birth, which would put the child at risk of

developmental delay or other identified delays in development, are considered appropriate referrals to the Preschool Assessment Team. During the last fiscal year 15 assessments and 19 reviews were completed for referred children.

Parents were asked to complete a parent satisfaction survey. Generally, parents were very satisfied with the team approach. One parent summarized the views of many with this comment. "The Preschool Assessment Team is a lot better than individual services. Team is excellent. There is someone always around to talk to when you need help or information. Received wonderful help..."

Southern Kings Addictions staff believe education and the prevention of alcohol and drug abuse programs are key to ensuring youth achieve independence and engage in healthy lifestyles. Therefore, community addictions counsellors conducted 29 presentations to schools, community organizations and other service providers. They also provided the Student Assistance Program in five schools in the region, and organized the Adolescent Rehabilitation Program and the Adolescent Aftercare Program.

Staff from the Community Health Centre have also been actively involved in the regional goal to increase the organization's ability to respond to an aging population. The Integrated Mental Health Response is a new approach through which the staff of Community Mental Health and Home Care are working together to improve the services for seniors who are experiencing mental health issues. Twelve assessments were completed over the last year using a new assessment tool designed by the Queens region. This tool encourages earlier detection and an integrated response by the health system, for older clients who have a mental health concern.

Over the past year the Community Health Cenre has been involved in providing support to staff through training sessions in safe manual handling, involving proper lifting techniques, and critical incident stress debriefing. Debriefing sessions offer support/counselling to staff during times of emotional trauma. These initiatives contribute to a healthy workforce.

To improve integration and coordination along the continuum of service has been a big part of our focus over the past year at the Community Health Centre. We recognize how important it is to work with, and to support our community. This year we have been involved in many of our communities' schools and organizations by responding to requests for presentations and programs such as the Belfast and Vernon River community schools. We have established partnerships with organizations such as the Cancer Society, Recreation 2000 Project, Carousel Family Resource Centre and the Association for Community Living to provide programs and services. This allows us to increase the number of community partners in service delivery and increase the number of volunteers.

We look forward to working with our volunteer organizations and members of the community to continue to meet the needs of the residents of Southern Kings Health.

Child, Youth and Family Team

Role: The Child, Youth and Family Team of Southern Kings continues to be responsible for service delivery in the areas of child protection, foster care, family support, one-on-one child/youth program, services to children in foster care, financial assistance to minors living apart from their parents and home helper services.

The philosophy of services to children, is that decisions are made based on what is in their "best interests." While the belief is that the family is still seen as the best place for children to grow and develop, this is not always possible.

Therefore new legislation has been created and has passed in the Provincial Legislature which fosters a focussed approach to child protection decision-making and outlines more clearly when a child is "in need of protection." Front-line staff working in child welfare, have recognized the need for clarification in the area of child protection for a number of years and they now have clear legislation to support their work.

Our Child, Youth and Family Team consists of a supervisor, administrative assistant, five full-time social workers, a part-time social worker, two home helpers, a family support worker and two youth workers.

Child, Youth and Family Team Highlights

The new legislation has required preparatory work at both regional and provincial levels to ensure roles and responsibilities of all who are involved in its implementation are clearly defined. This is indeed a very interesting and challenging time in the child welfare field.

Even though there are many changes coming in the near future, at the local level we need to continue to build and maintain strong relationships in the community. Over the past winter our home helper and a staff member from the Carousel Family Resource Centre teamed up to deliver a

program entitled "Roots of Empathy" in two local schools. This program involves a baby becoming part of the classroom environment one period a week. By developing an understanding of the needs of a small child the Roots of Empathy program teaches young children the importance of being empathetic toward others, and respecting individual differences.

Our staff also partnered with Carousel and nutrition services to host parents workshops and a program called "Maggie's Magic Cupboard." This initiative allowed low-income families to network, learn about budgeting, and proper nutrition in a friendly cooperative environment.

Child Youth and Family Statistics: Fiscal Year 2000/2001

Child Protection Referrals	107
Avg. # Children-in-Care	23
Foster Care Homes	15
Family Support Cases	50
New Family Support Cases	3

Financial Assistance Team

Role: The Financial Assistance Team is responsible for delivering the Welfare Assistance Program. This is a financial program for individuals and families who are unable to provide the basic necessities for themselves (i.e., food, clothing, shelter) or meet special emergency needs. In carrying out our role, our Financial Assistance Team strives to assist clients in achieving greater levels of independence.

Financial Assistance Team Highlights

The Job Creation Program allows us to enter into partnerships with employers like private sector businesses, non-profit organizations and communities.

These employers provide our clients employment opportunities to retain work skills or to learn new skills through job placement. The Child Care Subsidy Program continues to support low-income parents to be in a position to work, as the program assists parents with the cost of licensed child care. The combined effect of both programs, as well as a healthy economy, has resulted in a decline in the average number of financial assistance cases for the third year in a row.

The Financial Assistance Teams of Southern and Eastern Kings Health Regions were successful in securing funding from Human Resources Development Canada. This funding will support a new initiative called Employment Pathways. This initiative is the result of an employer/client survey in 1999 which detailed opportunities for improvements to the Job Creation Program. In April 2001 the Employment Pathways initiative will begin a 52-week pilot. The pilot will focus on improving client employment maintenance skills.

Financial Assistance staff have worked on several special projects during the past year. These projects include the Rural Outreach Support for Employment Program, Summer Youth Employment Program, and the Literacy Enhancement Program which operated a pilot in the community of Georgetown.

The Provincial Government announced in the "Speech to the Throne" that a new Provincial Disability Support Program will soon be implemented.

The program includes three components: child disability supports, adult disability supports and employment and vocational supports. The five categories of support are: respite, community living, technical aids, assistive devices, community participation supports and other specialized community supports. This program is designed to offer financial assistance to Islanders with disabilities to overcome physical and systemic barriers, to attain a satisfactory quality of life and to achieve financial independence. Several staff from both the Child Youth and Family Team and the Financial Assistance Team have participated on provincial teams to develop the Disability Support Program. It is scheduled to be implemented on October 1, 2001.

Financial Assistance Statistical Information

Financial Assistance	**1998/1999**	**1999/2000**	**2000/2001**
Average monthly caseload	478	407	394
Monthly expenditure	$203,579	$170,123	$188,142
Average monthly cost/case	$426	$418	$478**
Total Expenditure	**$2,442,954**	**$2,041,482**	**$2,257,700**

** Monthly expenditures cost/case increased over last year due to increases in allowances for community care, transportation, child allowance, personal supports and the FCHP Allowance — (Food, Clothing, Household and Personal)

Job Creation Program	**1998/1999**	**1999/2000**	**2000/2001**
Number of placements	167	135	145
Total Expenditure	**$225,675**	**$201,073**	**$196,469**

Day Care Program	**1998/1999**	**1999/2000**	**2000/2001**
Total Expenditure	**$239,860**	**$321,611**	**$375,703**

Home Care and Support

Role: The Home Care and Support Program is designed to ensure residents of Southern Kings can cope and adapt comfortably and safely in a home setting. Residents may require the service following surgery, sudden or chronic physical or mental illness or as a result of the natural aging process.

Home Care and Support Highlights

Following the completion of the Rural Palliative Care Project, the region is continuing to improve the delivery of services to our clients/families in Southern Kings. We are now addressing palliative care services using a more organized team approach. Our team consists of a home care nurse, a physician, and the head nurse of Kings County Memorial Hospital working collaboratively to improve the level of care for palliative clients, whether in acute care or in the community. The Kings County Memorial Hospital Pharmacist is also involved in pain control for palliative care clients.

Fifteen front line staff from Homecare and Riverview Manor participated in a training program offered through Island Hospice. The Southern Kings Hospice Association is actively involved in organizing the workshops and in leading some of the sessions. Bereavement Follow-up training will be held in early July and this program will work closely with palliative care in Home Care, Kings County Memorial Hospital and Long-term Care.

Adult Protection provides intervention and support to vulnerable individuals who may be living at risk due to an abusive or neglectful situation. During this past year 7 referrals were received. Often Home Care provides a monitoring role, and employs the nursing and homemaker staff to provide the supervision and support needed to help maintain people in a healthy and safe environment.

Southern Kings Health Region, in partnership with the Provincial Diabetes Program, has established a multi-disciplinary team to plan, coordinate and evaluate diabetes care in the region. The team is responsible for streamlining services and preventing duplication. Their goal is to "improve the health of the people of Southern Kings, by providing leadership in the prevention and management of diabetes." A diabetes education session for health care providers of the region was held in October of 2000.

Regionally, the diabetic program has substantially increased its client base. Physician referrals for the period of April 15/00 to March 31/01 number 110 clients with approximately 50 per cent being new diabetics. The Southern Kings Health Region will be working with the Provincial Diabetes Program to evaluate present services and future needs of people with diabetes in this region.

The need for in-home respite continues to rise as there is more demand on care givers at home. The availability of long-term care beds and community care beds in this region is extremely limited. Home Care is working closely with residential services and the community to look at increasing support services for clients/families at home.

Presently Home Care offers a day program three days a week to the senior and older intellectually challenged people in the community. This day program is located at the Riverview Manor. Twenty to twenty-four clients participated in the program over the past year for a total of 156 visits. This is a substantial increase over previous years. Staffing levels to operate the day program were increased by two full-time homemakers and at least one volunteer. This increased demand indicates that care givers require a break from their daily responsibilities. As well, participants enjoy a day away from their usual routines.

Home Care and Support Statistical Information

Home Care Nursing–Active caseload		220
Dialysis	–Hemodialysis	3
	–Peritoneal dialysis	3
Palliation	–Average cases per month	10
Diabetes referrals		110
(approximately 50% are new diabetics)		

Housing Services

Role: Housing Services of the Southern Kings Health Region are responsible for the administration, maintenance and rental of subsidized seniors' housing units. The rent is based on 30 per cent of an applicant's income.

Housing Services Highlights

Helping Hands for Seniors

In conjunction with the Provincial Jobs for Youth Strategy, Helping Hands for Seniors is a summer project to help homeowners undertake work around the house with the aid of students. Three students were hired in 2000 who assisted seniors with yard clean-ups, and minor painting and repair jobs. Homeowners supply the tools, material and supervision. and students provide free labour. This year 30 applications were received, 27 received assistance and three resulted in cancellations.

Emergency Home Repair Program

The Emergency Home Repair Program has provided eligible residents with partial assistance to a maximum of $1000 for emergency home repairs. Use of the program over the past few years has been minimal, therefore a decision has been made to discontinue the program. The Financial Assistance Program continues to provide this assistance to eligible clients. This year we received 29 applications; approved 23; and cancelled/rejected six. The amount expended was $14,400.00.

Senior Citizens Housing

Many seniors find, as the years pass, that their housing situation changes. In this region, we have 137 units, two of these are garden suites. We have two two-bedroom units, eight bachelor units and the remainder are one bedroom units.

One bedroom units which have a living room, kitchen, bathroom and storage areas. Some units are specially designed for handicapped tenants. Garden Suites are one bedroom units located on the property of a host family, usually a relative. We had 31 new applications and filled 27 vacancies in the 00-01 fiscal year.

Family Housing

In our region we have two family housing boards; one in Montague and the other in Georgetown. The Montague board has 62 units for which they are responsible and the Georgetown board has 27 units. The program processed 47 initial interviews between April 1, 2000 and March 31, 2001.

The Priority Placement Policy ensures victims of family violence will be given absolute priority for placement in Provincially administered social housing. The Southern Kings Health Region also supports Sunrise House. This two bedroom apartment provides temporary housing for families in immediate need of alternate housing arrangements due to a family violence situation. The Family Violence Coordinator manages appropriate access to Sunrise House. Verification from community counsellors determines whether the client is eligible for priority placement.

Community Care Facilities

All community care facilities are required to have licenses renewed on an annual basis. As part of the process, our division is responsible to carry out annual inspections of these facilities. There are currently four such facilities in the Southern Kings Region.

Social Housing, Rural Housing and Rural Community Housing

We have four rental units for which we handle administration, renting and maintenance including: one Rural and Native Housing unit and three Rural Community Housing units. We also have one Social Housing unit that is currently under a lease purchase agreement.

Appendix

Financial Statements

Grant Thornton LLP
Chartered Accountants
Canadian Member Firm of
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Grant Thornton

Southern King's Health Authority
Financial Statements
March 31, 2001

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Grant Thornton

Grant Thornton LLP
Chartered Accountants
Canadian Member Firm of
Grant Thornton International

Grant Thornton

Auditors' Report

To the Board of Directors of
Southern King's Health Authority

We have audited the balance sheet of Southern King's Health Authority as at March 31, 2001 and the statements of revenue and expenses and cash flows for the year then ended. These financial statements are the responsibility of the Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2001 and the results of its operations and its cash flows for the year then ended in accordance with generally accepted accounting principles.

Grant Thornton LLP

Charlottetown
Prince Edward Island
June 15, 2001

Chartered Accountants

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Southern King's Health Authority
Statement of Revenue and Expenses

Year Ended March 31	2001	2000
Revenue		
Grants		
Department of Health and Social Services	$ 15,235,725	$ 14,079,625
Special projects (Note 6)	95,604	226,171
Donations – K.C.M.H. Foundation Inc.	102,935	87,871
Proceeds on sale of property	-	8,250
Kings County Memorial Hospital (Note 7)	336,319	294,529
Other income	30,134	11,537
	15,800,717	14,707,983
Expenses		
Community Services		
Child and Family Services	4,456,866	4,240,168
Community Health Center	949,553	774,398
Home Care and Support	887,489	852,679
Job Creation/Employment Enhancement	208,704	228,691
Seniors Housing	523,591	486,769
Grants – non-governmental organizations	1,030,957	889,665
Residential Services		
Riverview Manor	2,435,976	2,252,153
Kings County Memorial Hospital	4,426,064	4,082,080
Regional Services	746,678	635,660
Special projects (Note 6)	95,604	226,171
	15,761,482	14,668,434
Excess operating revenue	39,235	39,549
Non-operating expenses		
Increase in accrued vacation pay	39,235	39,549
Excess revenue	$ -	$ -

See accompanying notes to the financial statements.

Southern King's Health Authority
Balance Sheet

March 31	2001	2000
Assets		
Current		
Cash and cash equivalents (Note 3)	$ 997,698	$ 989,595
Receivables (Note 4)	893,354	874,311
Prepaids	120,507	54,480
	$ 2,011,559	$ 1,918,386
Liabilities		
Current		
Payables and accruals (Note 5)	$ 1,295,535	$ 1,189,729
Accrued vacation pay and retirement allowance	679,132	639,897
Deferred revenue (Note 6)	36,892	57,496
	2,011,559	1,887,122
Severance pay allowances deferred funding	-	31,264
	$ 2,011,559	$ 1,918,386

On behalf of the Board

Director Director

See accompanying notes to the financial statements.

Southern King's Health Authority
Statement of Cash Flows

Year Ended March 31	2001	2000
Increase (decrease) in cash and cash equivalents		
Operating		
Cash received from		
Provincial government for operations	$ 15,076,134	$ 14,500,757
Special projects grants	230,000	54,800
Operations	282,818	184,031
Donations	172,118	109,259
Cash paid for		
Wage assistance grants	(207,563)	(204,404)
Severance pay allowance	(31,264)	-
Special projects	(95,604)	(226,171)
Salaries and benefits	(8,927,351)	(8,355,994)
Grants – non-governmental organizations	(1,030,957)	(889,665)
Materials and services	(1,991,837)	(1,977,369)
Financial assistance	(3,235,377)	(3,062,477)
Building and equipment	(233,014)	(143,192)
Net increase (decrease) in cash and cash equivalents	8,103	(10,425)
Cash and cash equivalents		
Beginning of year	989,595	1,000,020
End of year	$ 997,698	$ 989,595

See accompanying notes to the financial statements.

Southern King's Health Authority
Statement of Tangible Capital Assets

Year Ended March 31

	Land	Buildings	Equipment	2001 Total	2000 Total
Cost of Tangible Capital Assets					
Opening cost	$ 1,469	$ 1,348,427	$ 932,424	$ 2,282,320	$ 2,200,606
Additions	-	-	93,341	93,341	81,714
Closing cost	1,469	1,348,427	1,025,765	2,375,661	2,282,320
Accumulated Depreciation					
Opening balance	-	594,212	475,500	1,069,712	971,754
Add: depreciation	-	33,710	70,082	103,792	97,958
Closing balance	-	627,922	545,582	1,173,504	1,069,712
Net Carrying Amount of Tangible Capital Assets	$ 1,469	$ 720,505	$ 480,183	$ 1,202,157	$ 1,212,608

See accompanying notes to the financial statements.

1. Nature of operations

Authority
Southern King's Health Authority is a non-profit organization incorporated under the authority of the Health and Community Services Act, Part III. The corporation is exempt from income taxes under Section 149 of the Income Tax Act of Canada. Southern King's Health Authority is responsible for the management of the following core program health services:

Program/Services
- Kings County Memorial Hospital
- Child and Family Services
- Community Health Center
- Home Care and Support
- Riverview Manor
- Seniors Housing
- Job Creation/Employment Enhancement

2. Summary of significant accounting policies

Revenue recognition
The Southern King's Health Authority follows the deferral method of accounting for grants for special projects. Grants restricted for special projects are recognized as revenue in the year in which the related expenses are incurred. Unrestricted amounts are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Tangible capital assets
Acquired physical assets are expensed as a component of program costs in the year of acquisition. The Authority has assumed ownership of the tangible capital assets of the Kings County Memorial Hospital only. The Authority has assumed operational maintenance responsibility for the other tangible capital assets in the region. The Statement of Tangible Capital Assets (page 5) provides details of tangible capital asset additions that are owned by the Authority and were expensed in the year, the accumulated cost of tangible capital assets owned by the Authority and the unconsumed cost of these assets. Rates and basis to calculate the unconsumed cost of assets are as follows:

Buildings	2 1/2%, straight-line
Equipment	6 1/4% - 33 1/3%, straight-line

Inventory in the amount of $108,052 (2000 - $122,302) has not been reflected on the balance sheet.

Financial assistance
Financial assistance overpayments are recorded as receivable when identified with a full provision as doubtful account. Recoveries of financial assistance overpayments are credited to financial assistance expenditures when received. In 2001, $454,821 (2000 - $494,381) in overpayments were recorded in this manner.

2. Summary of significant accounting policies (con't)

Vacation pay and retiring allowances
Vacation pay is recorded as a liability when earned.

Retirement allowance liability is calculated when the employee meets the eligibility criteria. Retirement allowances are funded by the Department of Health and Social Services and are not recorded as an expense of the Authority. At March 31, 2001, $228,776 (2000 - $200,904) of liability relating to employees meeting the eligibility criteria was calculated but not recorded in these financial statements.

Cash and cash equivalents
Cash and cash equivalents include cash on hand, balances with banks, and short term deposits with original maturities of three months or less.

Sick leave obligation
Union agreements provide for the accumulation of sick leave benefits by employees. However, there is no obligation for the Authority to settle these amounts with cash payments. Consequently, no liability has been accrued in these financial statements. The estimated liability for sick leave obligations is $2,312,918 at March 31, 2001.

Pension costs
Employees of the Authority belong to different pension plans according to their historical workplace. Hospital employees are part of the uniform pension plan for employees of all Prince Edward Island hospitals. All other employees are part of the uniform pension plan of the civil service of Prince Edward Island.

The hospital pension plan is a defined benefit pension plan for basic pension contributions and defined contribution pension plan for supplementary pension contributions. According to the most recent actuarial report dated January 1, 2000, employer contributions to the pension plan are sufficient to meet the requirements of the plan and a pension fund surplus existed at this point.

The civil service pension plan is the defined benefit pension plan of the Province of Prince Edward Island. For employees belonging to this plan, the employer's share of the benefits plus any additional future actuarial liabilities are assumed by the Province of Prince Edward Island and are not reflected in these financial statements.

General
These financial statements do not include the assets, liabilities and activities of the Kings County Memorial Hospital Foundation Inc. and the Kings County Memorial Hospital Auxiliaries. Separate audited financial statements are issued for each of these entities.

3. Cash and cash equivalents	2001	2000
Restricted		
Riverview Manor - Resident Trust Fund	$ 12,248	$ 9,694
Deferred revenue (Note 6)	36,892	57,496
Deferred salary plan	25,757	31,785
	74,897	98,975
Unrestricted	922,801	890,620
	$ 997,698	$ 989,595

4. Receivables	2001	2000
Trade	$ 26,491	$ 64,211
Employees	257,275	302,694
Kings County Memorial Hospital Foundation Inc.	16,188	85,371
Department of Health and Social Services		
Operating grant	246,695	87,104
Capital grant	-	155,000
Other	346,705	179,931
	$ 893,354	$ 874,311

5. Payables and accruals	2001	2000
Trade	$ 1,257,530	$ 1,148,250
Deferred salary plan	25,757	31,785
Riverview Manor Resident Trust Fund	12,248	9,694
	$ 1,295,535	$ 1,189,729

6. Deferred revenue

	Balance Beginning of Year	Grants	Expenses	Balance End of Year
Choice and Opportunity Project	$ 2,273	$ -	$ 1,181	$ 1,092
Capital Projects	43,186	65,000	76,221	31,965
Community Health Center	2,700	-	-	2,700
Addictions	9,337	-	9,337	-
Diabetes Preventation	-	10,000	8,865	1,135
	$ 57,496	$ 75,000	$ 95,604	$ 36,892

7. Revenue - Kings County Memorial Hospital	2001	2000
General services - out patients		
Federal	$ 1,650	$ 770
Workers' Compensation Board	57,073	51,772
Non-residents	78,038	56,650
Uninsured services	8,880	8,640
General services - in patients		
Federal	-	22,275
Workers' Compensation Board	30,485	4,455
Non-residents	35,040	25,131
Differential charges	75,064	78,070
Other income		
Recoveries		
Dietary	27,208	34,069
Other	22,881	12,697
	$ 336,319	$ 294,529

8. Kings County Memorial Hospital Foundation Inc.

The Authority has an economic beneficial interest in the Kings County Memorial Hospital Foundation Inc. The primary purpose of the Foundation is to raise funds for the benefit of the Kings County Memorial Hospital. As the Authority does not exercise control or significant influence over the Foundation, its activities have not been consolidated within these financial statements except to the extent of actual contributions received during the year.

9. Other matters

The Authority acts as an agent for the Province of Prince Edward Island for the collection of Riverview Manor resident fees. During the year $782,422 (2000 - $794,152) was collected from residents. The fees collected reduce the funding receivable from the Department of Health. These collections are not reflected as revenue in these financial statements.

The Authority currently has two legal claims pending. Any losses relating from these claims will be covered under the Province of Prince Edward Island's Self-Insurance and Risk Management Fund. As such, no liability has been accrued in these financial statements.

10. Comparative figures

Certain of the 2000 comparative figures have been reclassified to conform with the financial statement presentation adopted for 2001.

Southern King's Health Authority
Schedule of Expenses

Year Ended March 31	2001	2000
Child and Family Services		
Administration	$ 12,753	$ 15,422
Equipment	10,401	1,151
Materials, supplies, and services	2,122	3,073
Professional and contract services	9,211	11,368
Salaries and benefits	1,139,898	1,103,680
Travel and training	47,104	42,997
Financial assistance - social services	3,235,377	3,062,477
	$4,456,866	$4,240,168
Community Health Center		
Administration	$ 23,197	$ 18,450
Equipment	11,540	853
Materials and supplies	1,376	185
Salaries and benefits	892,360	739,646
Travel and training	21,080	15,264
	$ 949,553	$ 774,398
Home Care and Support		
Administration	$ 6,105	$ 9,709
Equipment	4,605	-
Materials, supplies, and services	1,799	560
Professional and contract services	16,548	21,791
Salaries and benefits	776,173	749,511
Travel and training	82,259	71,108
	$ 887,489	$ 852,679
Job Creation Program - Employment Enhancement Program		
Salaries and benefits	$ 1,141	$ 24,287
Grants - wage assistance	207,563	204,404
	$ 208,704	$ 228,691

Southern King's Health Authority
Schedule of Expenses

Year Ended March 31	2001	2000
Seniors Housing		
Central		
Administration	$ 4,691	$ 3,869
Equipment	-	23,800
Materials and supplies	18,248	15,891
Salaries and benefits	59,604	63,962
Travel and training	6,045	6,550
Grants - home repair assistance	14,598	11,267
Properties		
Administration - property tax	53,594	50,871
Materials and supplies	287,287	257,910
Professional and contract services	79,524	52,649
	$ 523,591	$ 486,769
Riverview Manor		
Administration	$ 26,156	$ 17,815
Equipment	34,959	3,613
Materials, supplies, and services	274,085	261,168
Professional and contract services	20,066	21,640
Salaries and benefits	2,075,470	1,944,637
Travel and training	5,240	3,280
	$2,435,976	$2,252,153
Kings County Memorial Hospital		
Administration	$ 99,345	$ 93,058
Building and equipment	97,397	81,714
Materials, supplies and services	735,393	648,682
Professional and contract services	40,430	30,106
Salaries and benefits	3,437,208	3,223,132
Travel and training	16,291	5,388
	$4,426,064	$4,082,080
Regional Services		
Administration	$ 38,584	$ 30,008
Equipment	74,112	32,061
Materials, supplies and services	208	62
Professional and contract services	63,133	72,750
Salaries and benefits	539,469	468,376
Travel and training	31,172	32,403
	$ 746,678	$ 635,660